

MARIN COUNTY DEPARTMENT OF PUBLIC WORKS
Office of Waste Management, Certified Unified Program Agency
P.O. Box 4186
San Rafael, CA 94913-4186
(415) 499-6647 (415) 446-7373 FAX

APPLICATION TO REMOVE OR CLOSE-IN-PLACE UNDERGROUND STORAGE TANK(S)

FACILITY INFORMATION

Facility Name _____ Telephone _____

Address _____ City _____ Zip Code _____

Owner's Name _____ Telephone _____

Address _____ City _____ Zip Code _____

CONTRACTOR/CONSULTANT INFORMATION

Contractor's Name _____ Telephone _____

Address _____ City _____ Zip Code _____

Contractor License _____

Consultant (over seeing job site, if applicable) _____ Telephone _____

ANALYTICAL LABORATORY

Name _____ Telephone _____

Address _____ City _____ Zip Code _____

SAMPLER'S BUSINESS NAME _____ **ADDRESS** _____ **Tele** _____

Sampler's Name _____

HAZARDOUS WASTE HAULER INFORMATION

Hauler's Name _____ Telephone _____

Address _____ City _____ Zip Code _____

HAZARDOUS WASTE DISPOSAL/RECYCLING FACILITY INFORMATION (Receiving soils, and/or water)

Disposal/Recycling Facility _____ Telephone _____

Address _____ City _____ Zip Code _____

TANK DESTINATION: _____

RINSATE DESTINATION: _____

PROPOSED SOIL DESTINATION: _____

APPLICATION TO REMOVE OR CLOSE-IN-PLACE UNDERGROUND STORAGE TANK(S)

TANK/PIPING INFORMATION (Complete all information as applicable)

Tank 1 size _____ Tank age (approx) _____ Tank Const. (fiberglass, steel, tar wrap, etc.) _____

Single wall? _____ Double wall? _____ Previous Product _____ Piping System: Suction? _____

Gravity? _____ Pressure? _____ Construction: Fiberglass _____ Steelclad _____ Steel _____ Other _____ Piping: SW _____ DW _____

TANK/PIPING INFORMATION (Complete all information as applicable)

Tank 2 size _____ Tank age (approx) _____ Tank Const. (fiberglass, steel, tar wrap, etc.) _____

Single wall? _____ Double wall? _____ Previous Product _____ Piping System: Suction?: _____

Gravity? _____ Pressure? _____ Construction: Fiberglass _____ Steelclad _____ Steel _____ Other _____ Piping: SW _____ DW _____

TANK/PIPING INFORMATION (Complete all information as applicable)

Tank 3 size _____ Tank age (approx) _____ Tank Const. (fiberglass, steel, tar wrap, etc.) _____

Single wall? _____ Double wall? _____ Previous Product _____ Piping System: Suction? _____

Gravity? _____ Pressure? _____ Construction: Fiberglass _____ Steelclad _____ Steel _____ Other _____ Piping: SW _____ DW _____

TANK/PIPING INFORMATION (Complete all information as applicable)

Tank 4 size _____ Tank age (approx) _____ Tank Const. (fiberglass, steel, tar wrap, etc.) _____

Single wall? _____ Double wall? _____ Previous Product _____ Piping System: Suction? _____

Gravity? _____ Pressure? _____ Construction: Fiberglass _____ Steelclad _____ Steel _____ Other _____ Piping: SW _____ DW _____

CLOSURE-IN-PLACE

1. Reason for Closure-In-Place _____

2. What Material Will Be Used to Fill Tank: _____

3. Will Piping Be Removed or Rinsed and Capped? Explain: _____

*****SUBMIT SITE SAFETY PLAN WITH THIS APPLICATION*****

APPLICANT _____ SIGNATURE: _____ DATE: _____